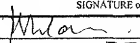


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS</b>	Application/Patent Number	7,384,643
	Filing/Issue Date	June 10, 2008
	First Named Inventor/Patentee	Geoffrey Smith
	Confirmation Number	3996
	Group Art Unit	1648
	Examiner Name	Agnieszka Boesen
	Attorney Docket Number	3022.1005-001
Title Recombinant Poxvirus		
I hereby revoke all previous powers of attorney given in the above-identified application.		
<input checked="" type="checkbox"/> I hereby appoint the following practitioner(s): Jill Martin, Reg. No.: 50,006 _____ OR <input type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: _____		
Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> Jill Martin, Reg. No.: 50,006 BioMedica, Inc. 11622 El Camino Real, Suite 100 San Diego, California 92130 <input type="checkbox"/> Other _____		
Please direct all telephone calls and facsimiles to: Name Jill Martin Tel. No. 858-200-3415 Fax No. 858-677-6505		
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Authorized representative of the Assignee, Oxon Therapeutics Limited, of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed. <input type="checkbox"/> Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], together with [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.		
SIGNATURE of Applicant or Assignee of Record		
Signature		
Name & Title	PETER NOLAN - EXECUTIVE DIRECTOR AND SENIOR VICE PRESIDENT - COMMERCIAL DEVELOPMENT	
Date	10th FEBRUARY 2010	